



REQUEST FOR PROPOSALS

RHODE ISLAND DEPARTMENT OF HEALTH TOBACCO CONTROL PROGRAM

TOBACCO CONTROL INITIATIVES

SECTION 1: INTRODUCTION

The Rhode Island Department of Health (HEALTH), Division of Community, Family Health and Equity, Tobacco Control Program, is soliciting proposals from community-based, public or non-profit organizations to implement Tobacco Control Initiatives. These grants will be awarded to agencies that will aim to address tobacco use within their community, bring tobacco control to the forefront by conducting local education activities, counter-marketing of tobacco industry tactics, implementing media advocacy projects and working towards local and statewide policy change that will work to reduce youth initiation of tobacco use. Contractors will aim to change individual attitudes and behaviors around tobacco as well as changing the community environment through facilitating policy change at the local and state level. Approximately \$180,000 per year is available to fund up to 6 agencies. The initial contract period will begin approximately November 1, 2009 through June 30, 2010, with the possibility of renewal for four consecutive 12-month periods pending vendor performance and continued funding. Consideration will be given to modifying the contract amount based on a need for service within the contract's scope of work, contractor's performance, and the availability of funding. A ten percent (10%) verifiable match will be required by the funded agency for each year of funding.

SECTION 2: BACKGROUND AND PURPOSE

BACKGROUND:

Smoking rates in Rhode Island are currently 17% for adults and 15% for youth. These rates show dramatic declines in tobacco use during the past decade. In 1997, the adult smoking prevalence was 23% and youth smoking rate was 35%. As cigarette smoking rates amongst youth have decreased, we have seen an increase in other tobacco product usage including snuff, snus, roll your own tobacco, and little cigars. Also, we have seen an increase in new nicotine delivery devices such as the electronic cigarette, which are not FDA approved for cessation, but are being marketed as such. As the cigarette tax increases, making cigarettes cost prohibitive, youth and other subgroups are making the switch to other tobacco products. Policy change, including creating smokefree environments through passage of the Smokefree Workplace Law in 2005 and increasing the unit price of cigarettes by increasing cigarette taxes are best practice approaches to

foster changes in social norms. The Tobacco Control Program aims to foster changes in behavior, the environment and in policy. Program goals include:

1. Preventing youth initiation of tobacco use

The Tobacco Control Program partners with community based agencies to address youth initiation through education and awareness at the local level and partnering with local schools and organizations who work to empower youth to make healthy choices. In addition, the program supports policy changes that aim to reduce youth access to tobacco.

2. Helping smokers quit

Smoking cessation services include:

- 1-800-try-to-stop quitline, which provides free information and telephone-based smoking cessation counseling.
- Quitworks, the fax referral to the quitline program which is based at health care facilities and encourages health care providers to discuss tobacco use with their patients.
- The uninsured smoking cessation program that provides free nicotine replacement therapy and group counseling classes around the state.

3. Reducing exposure to secondhand smoke

Community partners work with the Program to enforce the Smokefree Workplace Law, which was passed in 2005, prohibiting smoking indoors in most workplaces. There has been growing interest amongst those who live in multiunit housing residences to prevent exposure to secondhand smoke from migrating smoke within these units. The Program plans to engage in further smokefree housing work. The Program has begun a smokefree homes and smokefree cars media campaign this year to encourage voluntary smoking bans. In addition, annually the program partners with environmental organizations to support a smokefree beaches campaign.

4. Eliminating disparities of tobacco use

During the past 2 years, community partners were responsible for conducting Geographical Information Systems (GIS) mapping of 8 cities and towns in Rhode Island. Through this project, the number of retailers, advertisements, product promotions and sale of loose cigarettes was mapped. There is a wealth of compelling information in these maps that depict stunning differences between wealthy and lower income communities. These findings can be used to support statewide and local policy change to decrease the density of tobacco retailers in certain communities, to limit the advertising of tobacco products and to decrease the accessibility of those products by youth and other targeted populations.

The Rhode Island Tobacco Control Program plans to continue working on its four goals to reduce tobacco use amongst Rhode Islanders. A priority focus would be to reduce tobacco use amongst subpopulation groups that still have high tobacco use rates.

PURPOSE:

SECTION 3: ELIGIBILITY CRITERIA

Eligible applicants must be community-based, public or non-profit agencies who are in good standing with the federal government. The applicant must have some experience in community organizing, proven success in policy change efforts, a true pulse on their local community and the ability to use media advocacy effectively. It is essential that community partners be self-motivated, skilled team builders and have the ability to inspire and motivate others to come together for a common goal.

The Contractor must have a Project Coordinator responsible for overseeing all activities described in the Scope of Work. This Coordinator must have some experience relevant to the coordination of community activities focused on grassroots organizing, educating community constituents on health or other issues, experience in policy change efforts and the ability or experience to frame tobacco control as a social justice issue will be an added benefit.

SECTION 4: ADMINISTRATIVE INFORMATION

PROJECTED TIMETABLE:

Technical Assistance Session	August 12, 2009, 3 – 4 pm – HEALTH, Room 302
Proposals due at HEALTH by 3:30 p.m.	August 25, 2009
Approximate start date of contract	November 1, 2009

SUBMISSION PROCEDURES

The deadline for submission of proposals is August 25, 2009. Applications will not be accepted after this date and time. Proposals sent by mail are sent at your own risk. Applicants are urged to hand deliver their proposals, which will be date stamped upon receipt. Faxed and e-mailed applications will not be accepted.

All proposals must be typed in English and single-spaced. The Proposal Narrative is limited to six (6) pages (this excludes budget and appendices). One original and three copies must be delivered to:

Benvinda Santos
Tobacco Control Program
Rhode Island Department of Health
Three Capitol Hill, Rm. 409
Providence, RI 02908-5097

SELECTION PROCESS

At the beginning of each fiscal year, annual action plans aligned with the scope of work will be developed together with the Tobacco Control Program and implemented based on the annual programmatic priorities and program funding.

The Contractor is expected to:

- Work in close partnership with HEALTH by attending monthly partner meetings to understand the statewide and national tobacco control context
- Participate in a Tobacco Control Orientation upon receipt of the grant, ongoing trainings and monthly partner meetings
- Organize and execute opportunistic events that unveil the tactics of Big Tobacco (industry marketing to specific populations including youth and other disparately affected groups, new products that target youth, promotions in local bars, etc.)
- Maintain a consistent community presence by serving as a resource on tobacco control
- Collaborate with other Tobacco Control partners in Rhode Island. (Collaboration includes attending some activities of other partners as needed)
- Actively participate in the Tobacco Control Coalition and work on coalition policy priorities
- Provide Computer support, Office space, office equipment, office support, Indemnification, insurance, and supervision of any subcontractors

RESULTS:

The Tobacco Control Program aims to develop and maintain a robust grassroots infrastructure to help inform the public about tobacco industry marketing and targeting, to serve as a voice for public health amongst key decision makers and to improve regulation and enforcement of tobacco sales and promotions at the local and state level.

By end of year 1, the contractor will have:

- Educated their community on tobacco industry tactics and other priority tobacco control issues through the use of recommended activities above or other effective strategies
- Conducted efforts towards local and statewide policy change priorities (see Appendix C for 2009 coalition policy priorities list) by hosting 10 strategic community based presentations of the GIS mapping project findings in conjunction with the Unnatural Causes video, conducted an evaluation of each forum through surveying attendees and developed a list of interested stakeholders who would want to engage in policy change efforts through participation with the Coalition or on specific initiatives
- Conducted at least 5 meetings with key decision makers at the local or state level to discuss tobacco control policy priority initiatives (see Appendix C for list of policy priorities)
- Implemented 3 counter marketing/media advocacy activities including submitting at least 1 article or response to an article relating to a tobacco issue so as to provide an informed voice in the community. See recommended activities in Scope of Services for further ideas
- Coordinated and participated in at least 2 opportunistic events that expose the industry's marketing strategies and targeting of particular populations to occur on one or both of the nationally recognized tobacco control days, Kick Butts Day or World No Tobacco Day

project completion and a timeline for 1 year. Similar work plans will be expected at the beginning of each fiscal year upon contract renewal.

- (c) Evaluation Plan: Include an evaluation plan that describes how you will measure success in meeting goals and objectives. Describe how you will demonstrate the impact of your initiatives on your local community. Indicate how evaluation data will be applied.
- (d) Project Staff and Organization: This section should identify all staff and/or subcontractors proposed as members of the project team, and the duties and percentage of time that each will devote to this grant, as well as resumes, curricula vitae, or statement of prior experience and qualifications. Organizational charts for staff and identification of Board of Director's members should be included in the appendices, with race/ethnicity identified for each. Indicate percentage of time each staff member will devote to this project. Include resumes/CVs in the appendix. Include a description of the business background of the offeror (and all subcontractors proposed), including a description of their financial position; and a copy of the agency's proof of non-profit status (501c3 must be attached).

ALLOWABLE EXPENSES

- Personnel - Indicate each staff position for this project. Include the hourly wage, total annual salary and percentage of time each staff member will devote to the project, the personnel costs being requested under this RFP, and the percent of time that will be in-kind, if any.
- Fringe Benefits - Include those benefits normally provided by an organization, such as state/federal taxes, health coverage, FICA, pension plans. Also indicate the fringe benefit rate for the organization.
- Consultants/Speakers - List each consultant/speaker individually, specifying the hourly rate. Only expenses for functions related to this project may be included.
- Travel - Include both local and out of state travel. Reimbursement for mileage expenses related to program operations is not to exceed *.55 cents per mile* (or the current rate effective for RI State employees). Reimbursement of travel

administrative costs. Those projects ranked highest by the Technical Review Committee may be asked to make oral presentations or provide clarifications or revisions prior to final recommendation for award.

SECTION 9: APPENDICES

- A. Letters of support/collaboration
- B. Curriculum Vitae/Resumes for key personnel
- C. Copy of organization's Smoke-Free Policy, if available
- D. Copy of organization's Board of Directors with race and ethnicity of Board Members indicated
- E. Copy of 501(c)(3) (proof of non-profit status)

SECTION 10: SELECTION PROCESS

Appendix A

PROPOSAL EVALUATION SCORE SHEET

Appendix B

COVER PAGE

Please provide basic summary information about the proposal that the prospective funding source can review quickly and use for identification.

NAME OF APPLICANT AGENCY _____

ADDRESS OF APPLICANT AGENCY _____

TELEPHONE NUMBER _____

FAX NUMBER _____

Subtotal:

7. Telephone: